

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2000 8:00 am
Secretary of State

02-18-2000 90043 001 ***450.00

DOCUMENT # S08373

1. Entity Name

KIMZFERN INC.

Principal Place of Business

Mailing Address

% THE KIMCO CORPORATION
 P.O. BOX 5020
 NEW HYDE PK. NY 11042

% THE KIMCO CORPORATION
 P.O. BOX 5020
 NEW HYDE PK. NY 11042-0020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3035885

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	P.O. BOX 5020	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIMMEL, MARTIN	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLYNN, MIKE	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEISS, ALEX	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDEPK NY 11042	
TITLE	T	<input type="checkbox"/> Delete
NAME	PAPPAGALLO, MIKE	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAUDERER, BRUCE	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Mike Pappagallo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
 Date

(516) 869-7238
 Daytime Phone #

CR2E034 (9/99)